



Family Health Dataline

IN THIS ISSUE:

In this issue PRAMS data are used to look at pregnancy planning and wantedness for Alaskan mothers who delivered a live birth during 1990-1993.*

- 50% of pregnancies resulting in a live birth during 1990-93 were unplanned.
- 9% of women who gave birth during 1990-93 were at risk of unintended pregnancy in the postpartum period.
- Among recent mothers, teenagers were least likely to use birth control during the postpartum period.
- An estimated 23,312 children born during 1990-93 were the result of unplanned pregnancies.

*Some of the data in this Dataline was presented at the 1994 Alaska Health Summit.

Pregnancy Planning and Wantedness Among Mothers of Alaskan Newborns

Introduction

Federal funding of the national network of family planning clinics has dropped drastically since 1980.¹ This decrease in funding limits access to family planning services and may directly or indirectly result in unplanned or unwanted pregnancies. Women at-risk for unintended pregnancies are often simultaneously at risk for contracting a sexually transmitted disease² and women with unwanted pregnancies have been found to have four times the odds of experiencing physical violence during or immediately before pregnancy as women with intended pregnancies.³

In addition to harmful consequences for the woman, unintended pregnancies may be associated with behaviors during pregnancy that increase the risk for adverse birth outcomes, including a delay of initiation of prenatal care.⁴ A recent study also suggests that wantedness may be a predictor of a child's low educational attainment.⁵

It is important for health and social services providers to identify women at greatest risk of unintended pregnancy so that public health interventions and educational efforts can be directed to the appropriate groups. We used data from the Alaska Pregnancy Risk Assessment Monitoring System (PRAMS) covering birth years 1990-93 to determine the following: indicators of unintended pregnancy, the percentage of unplanned or unwanted births, and birth control practices of postpartum women.

Methods

PRAMS is an ongoing survey of mothers of newborns (see May 1995 Dataline for survey methodology). We evaluated answers to the following questions:

1. "Thinking back to just before you were pregnant, how did you feel about becoming pregnant?"
2. "When you got pregnant with this baby were you doing anything to prevent pregnancy?"
3. "Are you now doing anything to prevent pregnancy?"
4. If no to #3: "Why are you not doing anything to prevent pregnancy?"
5. If yes to #3: "What are you using now to prevent pregnancy?"

Question #1 was used as a measure of pregnancy wantedness. Women who answered that they wanted to become pregnant "then" or "sooner" were considered to have had a wanted pregnancy. Women who answered that they wanted to become pregnant "later" or "didn't want to be pregnant then or at any time in the future" were considered to have had a mistimed or unwanted pregnancy, respectively.

Question #2 offered three choices of answers and was used as a measure of pregnancy planning. Women who answered "No, because I planned to get pregnant" were considered to have had a planned pregnancy. Those who answered "No, but I did not plan to get pregnant," or those who answered "Yes, but I got pregnant anyway," were considered to have had an unplanned pregnancy.

Questions #3 through #5 measured the risk of having an unintended pregnancy during the postpartum period. Women who were using contraception, sterile, pregnant, trying to become pregnant, or not having intercourse were considered not at risk of an unintended pregnancy; all other women were considered at risk.

We analyzed data from 6,551 respondents surveyed when their newborn was 5 months old on average. The overall response rate was 75%. Since PRAMS is a population-based survey, the percentages reported reflect the percentages of Alaskan resident women who had a live birth during the period 1990-93. Women who had a live birth but put their baby up for adoption at birth or shortly thereafter are excluded from PRAMS.

Results

Pregnancy Planning and Wantedness

From 1990 to 1993 no trends were apparent for the percentages of unplanned, mistimed, or unwanted pregnancies. During this period, 49.7% of all pregnancies were unplanned, 31.7% were mistimed, and 12.0% were unwanted. Over one-third (38.8%) of live births to Alaska residents during 1990-93 were both unplanned and mistimed or unwanted.

Women less than 20 years of age at the time of delivery had the highest percentage of unplanned (74.2%) and mistimed (53.2%) pregnancies, whereas women 30 years and older had the highest percentage of unwanted pregnancies (15.5%) (Table 1). Among different racial groups, blacks had the highest percentage of unplanned (68.7%), mistimed (42.1%), and unwanted (23.4%) pregnancies followed by Alaska Natives (58.7, 35.7, and 16.8%, respectively). Annual family income was inversely related to the percentage of unplanned, mistimed or unwanted pregnancies for all income groups evaluated.

For the period 1990-93, 22.4% of Alaska women reported they were attempting to prevent pregnancy but they got pregnant anyway.

Birth Control Choices

We found that 86.6% of respondents were currently doing something to prevent pregnancy, including 80.6% who used a method other than abstinence. The most common methods of birth control were, in descending order: oral contraceptives ("the pill"), condoms, and sterilization (either the woman or her partner). Sterilization decreased by 17% from 1990 (15.4%)

to 1993 (12.8%). By contrast, write-in responses of Norplant and Depo Provera (these two contraceptives were not listed as specific response options on the survey) increased substantially during 1990-93 (0 to 2.6% and 0 to 6.7%, respectively). Reported abstinence increased 34% from 1990 (5.6%) to 1993 (7.5%). Postpartum abstinence during the four-year period for teen mothers was 12.9%, compared with 5.4% for 20-29 year-olds and 4.8% for mothers 30 years and older.

Use of birth control methods other than abstinence differed dramatically by race with the lowest percentage of reported users among Alaska Natives (67.4%) followed by Asians (77.8%), whites (84.6%), and blacks (88.1%). Recent mothers <20 years old were the age group least likely to use birth control (70.5%) followed by 30 years and older (81.1%) and 20-29 year olds (82.2%). Women whose family income was \$10,000 or less had the lowest percentage of current use of birth control (67.5%) followed by women with an annual income of \$10,001-30,000 (82.4%), \$30,001-50,000 (84.7%), and greater than \$50,000 (86.2%).

Thirteen percent of women responded that they were currently not doing anything to prevent pregnancy. The most common reasons for not using a method to prevent pregnancy were the respondent wanted to get pregnant again or was already pregnant, she did not believe in the use of birth control, and her husband or boyfriend didn't want her to use birth control.

At Risk of Unintended Pregnancy

The percentage of postpartum Alaska women at risk of unintended pregnancy during 1990-1993 was 9%; this percentage declined 34%, from 10.2% in 1990 to 6.8% in

1993. In Alaska, those women who were <20 years of age, had <12 years of education, were not married, or had a family income of \$10,000 or less were at greater risk of an unintended pregnancy (Table 2). The risk for unintended pregnancy varied by race with the highest percentage among Alaska Natives (19.4%) followed by Asians (10.2%), whites (5.7%) and blacks (5.1%).

Discussion

If our results are applied to the total Alaska population (using 1990 census data), 23,312 children born during 1990 to 1993 were the result of unplanned pregnancies and 5,233 were the result of an unwanted pregnancy. These unplanned, mistimed, and unwanted pregnancies occurred disproportionately among teenage mothers, poor women, and women of black or Alaska Native race. Because a number of serious adverse health and education outcomes to both the mother and infant may result from unwanted or unplanned pregnancies, these results suggest the potential for a crisis situation, particularly among those groups who are already most disadvantaged.

The high percentage of postpartum teenagers who had an unplanned or unwanted birth suggests that increased emphasis should be placed on providing families or schools with the resources to teach family planning concepts. Additionally, clinics in the national network of family planning clinics provide the primary source of contraceptive services for women with low income, particularly teenagers. These clinics provide sites where increased outreach efforts may be effective. In particular, effective family planning methods which

Table 1. Percent of women with unplanned, mistimed or unwanted* pregnancies resulting in a live birth by age and race, Alaska, 1990-93.

Indicator	% Unplanned (SE†)	% Mistimed (SE)	% Unwanted (SE)
<u>Maternal Age at Delivery</u>			
<20 years	74.2 (2.1)	53.2 (2.5)	14.1 (1.5)
20-29 years	49.9 (1.0)	34.6 (1.0)	9.7 (0.6)
30 years and older	41.4 (1.3)	19.4 (1.1)	15.5 (1.0)
<u>Race</u>			
White	45.8 (1.0)	30.0 (1.0)	9.9 (0.6)
Black	68.7 (4.2)	42.1 (4.6)	23.4 (4.0)
Alaska Native	58.7 (0.8)	35.7 (0.8)	16.8 (0.6)
Asian/Other	48.8 (3.5)	29.8 (3.4)	11.8 (2.5)
<u>Annual Family Income</u>			
≤\$10,000	68.5 (1.4)	42.6 (1.7)	17.3 (1.3)
\$10,001-30,000	54.6 (1.2)	35.4 (1.2)	12.9 (0.8)
\$30,001-50,000	40.3 (1.7)	27.6 (1.6)	9.0 (0.9)
>\$50,000	31.6 (1.7)	20.6 (1.5)	8.4 (1.0)
Overall 1990-93	49.7 (0.7)	31.7 (0.7)	12.0 (0.5)

* Mistimed and unwanted categories are mutually exclusive.
† Standard error

Table 2. Percent of postpartum* Alaska women who were at-risk† for having an unintended pregnancy, 1990-93.

Indicator	%	(SE‡)
<u>Maternal Age at Delivery</u>		
<20 years	12.8	(1.3)
20-29 years	8.7	(0.4)
30 years and older	8.1	(0.6)
<u>Race</u>		
White	5.7	(0.4)
Black	5.1§	(1.7)
Alaska Native	19.1	(0.6)
Asian/Other	10.1	(2.0)
<u>Education</u>		
<12 years	17.3	(1.2)
12 years	9.1	(0.5)
>12 years	6.1	(0.6)
<u>Marital Status</u>		
Married	8.0	(0.4)
Other	11.6	(0.6)
<u>Annual Family Income</u>		
≤\$10,000	15.1	(1.0)
\$10,001-30,000	9.4	(0.6)
\$30,001-50,000	6.4	(0.8)
>\$50,000	4.7	(0.7)
Overall 1990-93	9.0	(0.3)

* On average, 5 months postpartum

† Women who were using contraception, sterile, pregnant, trying to become pregnant, or not having intercourse were considered not at risk of an unintended pregnancy; all other women were considered at risk.

‡ Standard error

§ Cell size <20

are appropriate to the individual seeking services should be emphasized. We found that most postpartum women choose oral contraceptives, condoms, and sterilization although an increasing number of postpartum women are choosing abstinence or progestin implants or injections for contraception.

National data from 1988 showed that 7% of females aged 15-44 years were at risk of unintended pregnancy.⁶ By comparison, Alaska's prevalence of 9% of postpartum women at risk of an unintended pregnancy may be an underestimate since we assumed that all women using contraception are fully protected. Interestingly, while the percentage of Alaskan women at risk of an unintended pregnancy decreased by 34% from 1990 to 1993, the percentage of unplanned or unwanted births showed no distinct trend during this time period. As suggested by the 22% of women who attempted to prevent pregnancy but got pregnant anyway, one explanation for these results may be that many women use contraceptive methods

incorrectly or inconsistently. Persons teaching family planning methods should emphasize the correct and consistent use of the various contraceptive methods.

Our data have two significant limitations. PRAMS collects information from postpartum women and this data may not be generalizable to all women of childbearing age. In addition, PRAMS cannot provide a true contraceptive failure rate since it does not ascertain details of use.

References

¹ Alan Guttmacher Institute. Even as politics improve, challenges facing family planning providers mount. Washington Memo. Jan 12, 1993, pp3-4.

² Kost K, Forrest JD. American women's sexual behavior and exposure to risk of sexually transmitted diseases. Fam Plann Perspect 1992;24:244-54.

³ Gazmararian JA, Adams MM, Saltzman LE, et. al. The relationship between pregnancy intendedness and physical violence in mothers of newborns. Obstet Gynecol 1995 Jun; 85(6):1031-8.

⁴ Cartwright A. Unintended pregnancy that leads to babies. Soc Sci Med 1988;27:249-54.

⁵ Myhrman A, Olsén P, Rantakallio P, Läärä E. Does the wantedness of a pregnancy predict a child's educational attainment? Fam Plann Perspect 1995;27:116-9.

⁶ From Data to Action: CDC's public health surveillance for women, infants, and children. US Department of Health and Human Services, Public Health Service, Centers for Disease Control and Prevention.

Family Health Dataline is a monthly publication of the Alaska Department of Health and Social Services; Division of Public Health; Section of Maternal, Child, and Family Health, 1231 Gambell Street, Anchorage, AK 99501, (907) 274-7626 (fax) 277-6814.

Section Chief Karen Pearson
Editor/Unit Manager Brad Gessner
Staff Kathy Perham-Hester
Design/Layout Kaye Saxon
Printing Continuous Printing of Alaska



Vol. 1, No. 4

Contributed by:
Kathy Perham-Hester, MS, MPH

Family Health *Dataline*
State of Alaska, MCFH
1231 Gambell Street
Anchorage, Alaska 99501

Address Correction Requested

BULK RATE
U.S. POSTAGE
PAID
ANCHORAGE, AK
PERMIT NO. 297